

URGENT: SR-22 FILING LAPSE GRACE PERIOD WARNING

Date: [Current Date]

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

SR-22 Case Number: [Case Number]

Dear [Policyholder Name],

Our records indicate that we have not received the required premium payment for your insurance policy. As a result, your SR-22 financial responsibility filing is at risk of cancellation.

GRACE PERIOD STATUS:

Your policy is currently within a grace period. To prevent a lapse in coverage and the subsequent notification to the Department of Motor Vehicles (DMV), payment must be received by: **[Expiration Date/Time]**.

CONSEQUENCES OF A LAPSE:

If payment is not received by the deadline above:

- We are legally required to file Form SR-26 with the state, notifying them of the cancellation of your SR-22.
- The DMV/State may immediately suspend your driver's license and vehicle registration.
- You may face additional reinstatement fees and increased insurance premiums.
- Your required SR-22 filing period may be restarted from the beginning.

To maintain your driving privileges, please make a payment immediately via [Payment Method/Website] or contact us at [Phone Number].

If you have already made this payment, please disregard this notice.

Sincerely,

[Agent/Company Name]

[Contact Information]